

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 563325

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
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49							
50							
TOTAL IND.	4		↓		↓		↓
TOTAL DEP.	23	↔		↔		↔	
TOTAL CLAIMS	27						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			↔		↔		↔
TOTAL CLAIMS							